



CITY OF KIRKLAND BUILDING PERMIT APPLICATION

Commercial Tenant Improvement or Tenant Space demolition – No exterior work included.

Permit # BLD _____

City of Kirkland 123 5th Ave. Kirkland, WA 98033 425-587-3600 www.ci.kirkland.wa.us

#1 Site Address _____
Floor and Suite #: _____

Project Name: _____

Property Owner _____ Phone _____
Property Owner's Address _____ City, Zip Code _____
Describe Tenant improvement to be Done: _____

#2 Contractor's Name _____ Contractor's Reg. # _____
(Company Name) Expiration Date _____
Contractor's Address _____ State UBI # _____
City, Zip Code _____ Phone _____
OR – OWNER IS CONTRACTOR - I have read Chapter 18.27.010 relating to definitions of general contractors and specialty contractors and Chapter 18.27.110, which prohibits issuing permits without proof of registration, and owner is contractor.
OWNER/AGENT SIGNATURE: _____

#3 Contact Person: _____ Daytime Phone _____
Address _____ Alt. Phone _____
City _____ State _____ ZIP _____ Fax _____
Email _____

#4 Sewer District _____ Septic: Yes ☐ No ☐ Water District _____

#5 Total Estimated Project Cost _____ Existing Building Valuation _____
Lender _____
Address _____ Phone _____

#6 Property Tax Account Number (Parcel #) _____
Legal Description _____
Please submit 3 separate 8 ½ x 11 copies of the legal description with this application if it will not fit in space provided above.

#7 Type of Work:
☐ Tenant Improvement: Existing Sq. Ft. _____ Existing Use _____ Proposed Sq. Ft. _____
☐ New Tenant Name _____ Proposed Use _____
☐ Existing or previous Tenant Name: _____ Previous Use: _____
☐ Rack Storage ☐ Other _____

#8 ☐ **Will any tenant space be demolished as part of this permit?** YES _____ NO _____
Describe tenant space to be demolished: _____
Show demolition floor plan on your plans.

#9 ☐ **If demolition work is proposed, you must contact the Puget Sound Clean Air Organization regarding Asbestos requirements.** For full details and to obtain asbestos forms, instructions and regulations go online: <http://www.pscleanair.org/asbestos/asbe-cont-info.shtml> or to ask other questions, by phone 1-800-552-3565.
Failure to comply with asbestos requirements may result in penalties.

Please complete #13 if adding plumbing fixtures (including rough-ins)

#13 Water Supply Piping

- A. Fixture Units: Number of Fixtures x Fixture Unit multiplier = Total Fixture Units (Public)
 B. Distance from meter to most remote outlet: _____ feet.
 C. Difference in elevation between meter and highest fixture: _____ feet above meter or _____ feet below meter.
 D. Pressure in street main: _____ psi. (Measure with pressure gauge or check with water district).

Plumbing Fixtures	Public Heavy Use Assembly	Public General Use	Total Fixture Units
Bar Sink		_____ x 2.0	
Bathtub or Combination Bath/Shower - 1/2" Branch		_____ x 4.0	
Bathtub or Combination Bath/Shower - 3/4" Branch		_____ x 10.0	
Bidet		_____ x 1.0	
Clinic Sink		_____ x *	
Clotheswasher, Domestic		_____ x 4.0	
Dental Unit, Cuspidor		_____ x 1.0	
Dishwasher, Domestic		_____ x 1.5	
Drinking Fountain or Water Cooler	_____ x 0.75	_____ x 0.5	
Hose Bibb, First		_____ x 2.5	
Hose Bibb, Each Additional		_____ x 1.0	
Kitchen Sink, Domestic		_____ x 1.5	
Laundry Sink		_____ x 2.0	
Lavatory (Bathroom Sink)	_____ x 1.0	_____ x 1.0	
Service Sink or Mop Basin		_____ x 3.0	
Shower (List Each Head)		_____ x 2.0	
Urinal, 1.0 GPF Flushometer - See 610.10	_____ x 5.0	_____ x 4.0	
Urinal, Flush Tank	_____ x *	_____ x 2.0	
Wash Fountain, Circular Spray		_____ x 4.0	
Washup Sink, Each Set of Faucets		_____ x 2.0	
Water Closet, 1.6 GPF Gravity Tank	_____ x 3.5	_____ x 2.5	
Water Closet, 1.6 GPF Flushometer Valve - 1/2" Branch	_____ x *	_____ x *	
Water Closet, 1.6 GPF Flushometer Valve 1" Branch -see 610.10	_____ x *	_____ x *	
* Refer to Table 6-4, 2006 UPC		Total Fixture Units:	
<input type="checkbox"/> Hydraulic Analysis attached			

OFFICE USE ONLY (PLEASE DO NOT WRITE BELOW THIS LINE)

MINIMUM METER SIZE: _____ INCHES MINIMUM BUILDING SUPPLY: _____ INCHES PRV. NEEDED? YES _____ NO _____



COMMERCIAL/INDUSTRIAL TENANT IMPROVEMENT REQUIREMENT CHECKLIST

APPLICATION CANNOT BE RECEIVED IF INFORMATION IS INCOMPLETE

The following items must be provided and be complete in order to properly process your tenant improvement permit.

- **If plumbing or mechanical work is to be done in conjunction with this project, application must be made with this permit!**
- Plans and specifications must be prepared by a licensed architect or engineer unless the value of the proposed project (excluding the cost of **electrical and mechanical systems, fixtures, equipment, interior finish, and millwork**) is less than \$30,000.
- Total value of project: _____
- Project cost minus bolded items above: _____

<input type="checkbox"/>	Completed Application for Building/Plumbing/Mechanical Permit:
<input type="checkbox"/>	Site Address and suite #, if applicable, and Project name, Property Owner name, address, and phone number
<input type="checkbox"/>	Describe job to be done
<input type="checkbox"/>	Contractor's name, address, and phone number, Contractor's registration and UBI numbers and expiration date
<input type="checkbox"/>	Contact person's name, address and phone number, and E-mail address if available
<input type="checkbox"/>	Sewer District or Septic, Water District
<input type="checkbox"/>	Total Estimated project cost and Existing building valuation - can be found at King County www.kingcounty.gov using Online Services Parcel Viewer
<input type="checkbox"/>	Lender/bonding information (when project cost is over \$5,000.00)
<input type="checkbox"/>	Property tax account number and Legal Description
<input type="checkbox"/>	Type of Work - Square footage and use, existing tenant name, new tenant name
<input type="checkbox"/>	Name of previous tenant and type of business
<input type="checkbox"/>	Will building permit include demolition of existing tenant space without new tenant? You must contact the Puget Sound Clean Air Organization regarding Asbestos requirements: by phone 1-800-552-3565 - or online: http://www.pscleanair.org/asbestos/asbe-cont-info.shtml For full details and to obtain asbestos forms, instructions, regulations or other questions. Failure to comply with asbestos requirements may result in penalties.
<input type="checkbox"/>	If Electrical work will be done, advise your Electrical contractor to obtain an electrical permit prior to doing any work. Electrical permits that do not require plan review can be pulled online at: www. MyBuildingPermit.com Will Plan review be required? Check here to find out: http://www.ci.kirkland.wa.us/Assets/Fire+and+Building/Building+PDFs/Electrical+Plans+Required.pdf or an application can be found at: http://www.ci.kirkland.wa.us/Assets/Fire+and+Building/Building+PDFs/Electrical+Permit+Application+and+fees.pdf
<input type="checkbox"/>	Mechanical fixture counts and plumbing fixtures counts if work will be included on this building permit. Specify whether new, moved, or existing.

<input type="checkbox"/>	4 Copies of the site plan.	
<input type="checkbox"/>	Three complete sets of floor plans of the space, maximum plan size of 24" x 36", drawn to 1/4" or 1/8" scale (Plans done in pencil not accepted) showing:	
<input type="checkbox"/>	<input type="checkbox"/>	Architects/engineers signed registration stamp must appear on plans and calculations prepared by such professionals.
<input type="checkbox"/>	<input type="checkbox"/>	Size of rooms and corridors with door and window locations
<input type="checkbox"/>	<input type="checkbox"/>	Required fire walls and doors
<input type="checkbox"/>	<input type="checkbox"/>	Plumbing fixture locations and physically disabled access
<input type="checkbox"/>	<input type="checkbox"/>	Mechanical equipment locations. Structural design calculations are required by a licensed architect or engineer to verify the adequacy of the roof. Rooftop equipment must be screened to be architecturally compatible with the existing building.
<input type="checkbox"/>	<input type="checkbox"/>	Site plan showing exact location of area in building to be improved and the location of the building in which the improvement is proposed (show cross-streets).
<input type="checkbox"/>	Cross Section showing:	
<input type="checkbox"/>	<input type="checkbox"/>	Wall construction
<input type="checkbox"/>	<input type="checkbox"/>	Ceiling construction
<input type="checkbox"/>	Reflected ceiling plan showing:	
<input type="checkbox"/>	<input type="checkbox"/>	Location of all pathway lighting
<input type="checkbox"/>	<input type="checkbox"/>	Location of exit signs
<input type="checkbox"/>	Complete Energy forms, Building Mechanical Systems and Lighting Power Budget, for compliance with Washington State Energy Code 51-11, Washington State Ventilation and Indoor Air Quality Code 51-13.	
<input type="checkbox"/>	NOTE	If RESTAURANT, need Health Department (206)-296-9791 approval prior to issuance <u>or</u> at time of application.